

Prepared Statement of Hon. Patrick J. Toomey
U.S. Senator From Pennsylvania
and Chairman of the Senate Finance Subcommittee on Health Care

Thank you to the Bensalem Township Council for hosting this field hearing of the Senate Finance Subcommittee on Health Care, to the witnesses for making themselves available for what I hope to be an illuminating discussion, to the public officials here for dedicating your attention to this important issue, and to the public for your interest.

There are many lessons relevant to our current times buried within the annals of history. Today's opioid and heroin epidemic is no different. Sadly, this is not the first time even our own nation has found itself in the depths of a public health crisis precipitated by the overuse of opium and its derivatives. In the 19th and early 20th centuries, medical advances like the development of morphine and the adoption of the hypodermic syringe made a powerful reliever of pain readily available to the masses. The addictive qualities and negative effects of opium and morphine use were not fully appreciated until it was too late for too many.

It is unfortunate that we find ourselves today in a predicament with such a clear precedent, but it is not too late to learn from the experience. There was no simple solution to that public health crisis and there will be no simple solution today. Then, the transition away from dependence on opiates was enabled in part by developing ways to resolve underlying diseases, such as by improving sanitation. It was enabled in part by embracing alternative treatments for pain, such as the adoption of aspirin as an analgesic beginning in 1899. It was enabled in part by improving pharmaceutical controls and restricting the importation of opium and its derivatives. Finally, there was a significant shift in medical practice to appreciate that in many, though not all, cases the dangers associated with this line of treatment outweighed the benefits.

Then and now, the correlation between an increased availability of opioids and negative societal repercussions such as substance use disorder and overdose cannot be ignored. Opium became the most commonly dispensed medical item by 1834. From that time until the tide was finally turned in the late 1890s, the number of individuals struggling with opiate-related substance misuse would grow six-fold.¹ Fast forward to the 21st Century and opioids are once again among the most popularly prescribed class of medications.² From 1999 to 2016, opioid-related overdoses quintupled.³ When we look at this issue in the present day by region, the trends are even clearer. High prescribing and high overdose rates have gone hand-in-hand in Appalachia, while significantly lower prescribing rates and significantly lower overdose rates have been the norm in places like Texas and the Upper-Midwest.⁴

Another useful point of comparison is opioid consumption internationally. Data compiled from the United Nations International Narcotics Control Board shows that from 2012-2014 the United States, after adjusting for population size, still utilized eight times as many opioids as Italy, six

¹ David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America*, Harvard University Press, 1982. <http://www.hup.harvard.edu/catalog.php?isbn=9780674005853&content=reviews>

² Nora D. Volkow, M.D., and A. Thomas McLellan, Ph.D., "Opioid Abuse in Chronic Pain – Misconceptions and Mitigation Strategies," *The New England Journal of Medicine*, March 31, 2016. <https://www.nejm.org/doi/full/10.1056/NEJMr1507771>

³ "Opioid Overdose," Centers for Disease Control and Prevention, Accessed May 24, 2018. <https://www.cdc.gov/drugoverdose/index.html>

⁴ Grant Baldwin, P.h.D, MPH, "Overview of the Public Health Burden of Prescription Drug and Heroin Overdoses," Centers for Disease Control and Prevention, July 1, 2015. <https://www.fda.gov/downloads/drugs/newsevents/ucm454826.pdf>

times as many opioids as France, four times as many opioids as Great Britain, and over one and one half times as many opioids as Canada.⁵ This is despite having a population with an average age lower than each of those nations.⁶

This is not to say we have not made some significant progress in recent years. Since 2011, the total volume of opioid analgesics dispensed has fallen by 29 percent.⁷ Increased awareness both throughout the medical profession and the public as a whole, coupled with developments such as the endorsement of guidelines for prescribing opioids for chronic pain by the Centers for Disease Control and Prevention,⁸ have had a profound impact. The adoption of prescription drug monitoring programs, such as the one recently implemented by the Commonwealth of Pennsylvania,⁹ have given health care providers a powerful new tool to help inform the best course of treatment.

Despite this progress, the amount of opioids being dispensed today is still roughly five times the level we saw in 1992. In 2016, there were still 215 million opioid prescriptions written across the country.¹⁰ In our Commonwealth of Pennsylvania, there were still counties with more prescriptions than people, such as Fayette (129 prescriptions per 100 people), Lackawanna (112 per 100), and Mercer (109 per 100).¹¹ Let me reiterate, that is more than one opioid prescription for every man, woman, and child within those counties.

The question we are going to explore today is what are our nation's largest payers of health care – Medicare and Medicaid – doing to prevent opioid overutilization and misuse.

With the implementation of the Medicare prescription drug benefit in 2006, commonly referred to as Medicare Part D, the federal government became the single largest purchaser of opioid analgesics.¹² Studies suggest that while Medicaid does not spend as much money on opioids as its federal counterpart for the aged and disabled, Medicaid beneficiaries receive average annual doses twice as high as those who are privately insured.¹³ Furthermore, Medicaid beneficiaries are

⁵ Dr. Keith Humphreys, "Americans use far more opioids than anyone else in the world," *The Washington Post*, March 15, 2017. https://www.washingtonpost.com/news/wnk/wp/2017/03/15/americans-use-far-more-opioids-than-anyone-else-in-the-world/?utm_term=.ee4e2a669229

⁶ The World Factbook: Median Age, Central Intelligence Agency, Accessed May 24, 2018. <https://www.cia.gov/library/publications/the-world-factbook/fields/2177.html>

⁷ "Medicine Use and Spending in the U.S.: A review of 2017 and Outlook to 2022," IQVIA Institute for Human Data Science, April 19, 2018. <https://www.iqvia.com/institute/reports/medicine-use-and-spending-in-the-us-review-of-2017-outlook-to-2022>

⁸ "CDC Guideline for Prescribing Opioids for Chronic Pain," Centers for Disease Control and Prevention, Accessed May 24, 2018. <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

⁹ David Wenner, "'Doctor shopping' for opioids declines in Pa.; new monitoring program gets credit," *Harrisburg Patriot News*, April 26, 2017. http://www.pennlive.com/news/2017/04/doctor_shopping_for_opioids_sh.html

¹⁰ "U.S. Prescribing Rate Maps," Centers for Disease Control and Prevention, Accessed May 24, 2018. <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

¹¹ "U.S. County Prescribing Rates, 2016," Centers for Disease Control and Prevention, Accessed May 24, 2018. <https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html>

¹² Zhou C, Florence CS, Dowell D., "Payments For Opioids Shifted Substantially To Public And Private Insurers While Consumer Spending Declined, 1999–2012." *Health affairs (Project Hope)*, May 2016. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1103>

¹³ Edlund MJ, Martin BC, Fan M-Y, Braden JB, Devries A, Sullivan MD. "An Analysis of Heavy Utilizers of Opioids for Chronic Non-Cancer Pain in the TROUP Study." *Journal of pain and symptom management*. 2010. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921474/>

much more likely than the general population to be diagnosed with substance use disorder¹⁴ or suffer an overdose.¹⁵

The approaches of the Medicare and Medicaid programs to prevent opioid overutilization and misuse have been, appropriately, multi-faceted. Some examples include:

- Congress worked with the previous Administration¹⁶ to decouple questions related to pain management in patient surveys from Medicare hospital reimbursement,¹⁷ a system that created a harmful financial incentive to prescribe more opioids;¹⁸
- The Centers for Medicare and Medicaid Services (CMS), plan sponsors, states, health systems, medical professional societies, and other stakeholders have undergone a noteworthy campaign of prescriber education;
- CMS is implementing a seven-day initial fill limit for opioid-naïve patients in the Medicare program starting in 2019;
- Medicare, state Medicaid programs, and plan sponsors have utilized drug management programs that incorporate tools like prior authorization, point-of-sale edits, and patient review and restriction (often referred to as “lock-in”) programs to encourage more appropriate prescribing;
- Law enforcement has aggressively worked to crack down on those working to defraud the Medicare and Medicaid programs for monetary gain.

Today we will hear from witnesses that should give us insight in to the effectiveness of these efforts and how we may improve them. Joining us are Dr. Mary Denigan-Macauley, Acting Director of Health Care at the United States Government Accountability Office (GAO); Ms. Maureen Dixon, Special Agent In Charge at the Philadelphia Regional Office of the Office of the Inspector General for the United States Department of Health and Human Services (HHS OIG); Dr. Richard Snyder, Senior Vice President and Chief Medical Officer of Independence Blue Cross; Ms. Heather Malone, a constituent in recovery; and Mr. Matthew Weintraub, District Attorney for Bucks County.

¹⁴ “Medicaid and the Opioid Epidemic,” Medicaid and CHIP Payment and Access Commission, June 2017. <https://www.macpac.gov/wp-content/uploads/2017/06/Medicaid-and-the-Opioid-Epidemic.pdf>

¹⁵ Mark J. Sharp, PhD, Thomas A. Melnik, DrPH, “Poisoning Deaths Involving Opioid Analgesics,” Morbidity and Mortality Weekly Report, April 17, 2015. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a2.htm>

¹⁶ Tracie Mauriello, “Toomey backs change in ACA that ties reimbursements to patient satisfaction,” *Pittsburgh Post-Gazette*, April 21, 2016. <http://www.post-gazette.com/news/politics-nation/2016/04/21/Toomey-backs-change-in-ACA-that-ties-reimbursements-to-patient-satisfaction/stories/201604210119>

¹⁷ “CMS Finalizes Hospital Outpatient Prospective Payment System Changes to Better Support Hospitals and Physicians and Improve Patient Care,” Centers for Medicare & Medicaid Services, November 1, 2016. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-11-01.html>

¹⁸ Sean Gregory, “How Obamacare Is Fueling America’s Opioid Epidemic,” *Time*, April 13, 2016. <http://time.com/4292290/how-obamacare-is-fueling-americas-opioid-epidemic/>

Some of the specific questions that will be explored:

- **Do these efforts focus on a large enough portion of the total beneficiaries who are at-risk of harm?** When CMS adopted an opioid overutilization policy to reduce the inappropriate use of opioids in 2013, it established the Overutilization Monitoring System (OMS) to monitor plan sponsor compliance and provide quarterly reports on high-risk beneficiaries. The Government Accountability Office (GAO) last year found the OMS only includes a small subset of the population that is at-risk according to CDC guidelines (individuals receiving a daily dose at or above 90 milligrams morphine equivalent dose).¹⁹ Furthermore, recent research by the University of Pittsburgh showed that even beneficiaries that have suffered a nonfatal opioid-related overdose often continue to receive legal opioid prescriptions following this life-threatening event.²⁰ Currently, our Medicare and Medicaid systems do not alert health care providers or plans to this potentially dangerous situation.
- **Are we doing enough to ensure that when potential fraud is identified appropriate action is taken?** Both the GAO and the HHS OIG have recommended improving communication between CMS, its contractors, and insurance plans on when potential fraud has been identified and what corrective action has been taken.
- **Are we doing enough to equip providers with the information they need?** The adoption of electronic prescribing for controlled substances, which would provide real time information and reduce fraud associated with forgeries, has been slow. Additionally, Congress is considering adopting legislation that would require CMS to alert providers when their opioid prescribing patterns differ significantly from their peers.
- **Are the efforts currently underway in the Medicare and Medicaid programs having any noticeable impact on the local level?** Despite a discernable drop in the amount of opioid prescriptions being written, initiatives like the highly successful Bucks County Medication Takeback Program are still seeing record amounts of unused medications taken in.²¹

I thank you all for being here today. I look forward to the discussion, and remain confident that by working together at the federal, state, and local levels, we can continue to make substantial progress in our efforts to prevent and overcome opioid and substance misuse.

¹⁹ "GAO-18-15: Medicare Needs to Expand Oversight Efforts to Reduce the Risk of Harm," Government Accountability Office, October 6, 2017. <https://www.gao.gov/products/GAO-18-15>

²⁰ Frazier W, Cochran G, Lo-Ciganic W, et al. Medication-Assisted Treatment and Opioid Use Before and After Overdose in Pennsylvania Medicaid. JAMA. 2017;318(8):750–752. doi:10.1001/jama.2017.7818. <https://jamanetwork.com/journals/jama/fullarticle/2649173>

²¹ Christian Menno, "Record amounts collected at drug take-back events in Bucks, Montgomery counties," Bucks County Intelligencer, November 2, 2017. <http://www.theintell.com/news/20171102/record-amounts-collected-at-drug-take-back-events-in-bucks-montgomery-counties/1>